Performance Management: Getting Results in Public Health

Standards describe the basic functions a health department is expected to carry out—no matter what specific issue or concern arises.

Statewide Health Indicators describe what is happening in the population, looking at specific issues.

Programs, services or activities are designed to respond to, or mitigate, specific issues—performance measures tell us if a program, service, or activity is working. Measures may focus on processes, outcomes or impacts.

Outcomes are the desired results of a program, service or activity.

How these work together.... A Local Health Jurisdiction (LHJ) must be carrying out <u>Community Health Assessment</u> (a *Standard*)

so that



A sudden increase in injuries/deaths from vehicle crashes in one community is recognized (*Statewide Health Indicator*)

so that



A community strategy can be deployed, based on the best evidence about what works, (*Program, Service, or Activity*)

so that



There are fewer injuries, deaths and/or crashes (*Outcome*)

This method works no matter what issue rises to high concern. If the basic function of assessment were not being carried out, the indicator would not have been observed or responded to. All of this happens in a cycle of improvement in which re-measurement occurs after implementation of a strategy to determine if improvement occurred. Ongoing efforts to maintain the health of the population also follow this cycle of improvement, using data to assure that outcomes continue to be achieved.

Standards for Public Health are designed to measure how well we are carrying out basic functions, and they are intended to be used with *Health Indicators* and *Program, Service or Activity* performance measures including *Outcomes*. Sometimes an *Indicator* and *Outcome* may measure the same thing.

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Maintaining and Improving Health Outcomes Have we made a positive impact? Have we maintained or improved the health of the community? **Standards** Statewide Programs, Services Programs, Services **Health Indicators** or Activities or Activities What should **Outputs** Outcomes health What are our departments be major health Are needed efforts How do we define able to do (what problems? missing? success (goals and capacities should objectives) and *how* they have)? Who is most do we measure them Are current affected? programs *effective* (measures)? Can they do it? and efficient? Have we measured How bad is the How well or how impact? Is the volume, or and reviewed the often? level of service data? What is it costing adequate to the What needs to – now or later? problem? What do the data improve? trends suggest about Where is the achievement of our Are there better. Who does it best faster ways to problem goals and and can others address the issue? objectives? How geographically? close have we come? adapt or adopt? What is the trend? Can we prevent this problem and save Have we lives, suffering implemented the and/or costs? program, service or activity as planned? What are the barriers Do Plan to success? How can we Check mprove the program, service or activity to address the barriers?

Performance Management Map (Tuberculosis [TB] Example)

Program, Service or Activity Outputs	Program, Service or Activity Outcomes		Statewide Health Indicators (County level data collected in statewide	System Performance Standards (Examples of Capacities)
TB program description, client flow diagram, protocols	By 2009, 95% of active TB imples		TB incidence rates per 100,000 at county level and statewide.	1.1L Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least biannually and used as the basis for continuous tracking of the health status of the population. 4.6L Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management, including referral to care 8.8L An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures or other program protocols.
Number of active TB clients on Directly Observed Therapy (DOT)		as well as Standards		
Note that this represents a handful of examples. A full logic model provides complete outputs and outcomes that are short-term.	Short Term: Establish and maintain quarterly meetings to review/modify program goals, protocols, policies/procedures based on program data. By 2007, 20% of TB case files			
intermediate and long- term.	will have been audited, program data gathered and analyzed, and three meetings documented in which the audit and data results are reviewed and decisions made about program improvements.			
Site/System Program Specific Outputs/Outcomes			Site/System Performance Results	
		Ask questions generated Identify processes to plement and re-measure f	by the data improve	

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